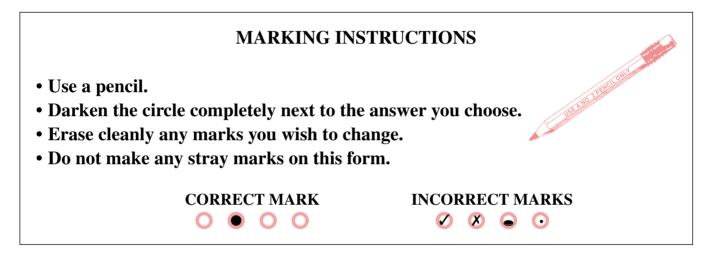
This booklet has questions about your behavior, feelings, and experiences. Please answer each question as honestly as you can. No one will see your answers except for the scientists and staff at WHI. Your answers will be kept secret and will never be put with your name in a report. Please answer using you first thoughts about each question. Do not go back later to 'figure out' answers. Your answers will help us to understand the health of women like you.

Thank you for your help.



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These first questions ask about your general health.

1. In general, would you say your health is:	Excellent O 1	Very good O ²	Good O ³	Fair O ⁴	Poor O 5
2. Compared to one year ago, how would you rate your health in general now?	Much better now than 1 year ago	Somewhat better now than 1 year ago	About the same	Somewhat worse now than 1 year ago	Much worse now than 1 year ago

3. Overall, how would you rate your quality of life? (Mark one circle below.)

	0	1	2	3	4	5	6	7	8	9 10
	Wo	rst	0	0	0	Halfway	0	0	0	Best
	As bad or worse than being dead									
4.		v would you d ark one circle		line.)	E	xcellent	Very good	Average	Poor	Very poor
	4.1	Your hearing	?			O 1	O ²	O 3	O 4	05
	4.2	The condition	n of your	mouth ar	nd teeth?	O 1	O ²	O 3	O 4	05
	4.3	Your vision (glasses or ler				O ¹	02	03	O 4	05
	4.4	Your appetite	e?			O 1	O ²	O 3	O 4	05
	4.5	Your balance	?			O ¹	O ²	O 3	O 4	05

5. Are you taking a calcium supplement such as Oscal, Viactiv, or Tums?

O NO O₁ Yes

The next question is about female hormones you got <u>with</u> a doctor's prescription in the <u>last year</u>, even if you are not taking them right now.

- 6. <u>In the past year</u>, did you use any of the following female hormones—ESTROGEN, PROGESTERONE (also called PROGESTIN), or TESTOSTERONE—that were prescribed by a doctor? (These may have been in the form of a pill; skin patch; shot; cream; vaginal ring, pellet, or suppository; or bioidentical compound.)
 - O No O₁ Yes O Don't know

- 7. Have you lost 10 pounds or more *in the past year*?
 - O NO O₁ Yes
- 8. Do you smoke cigarettes now?

O∘ No	O 1 Ye	es ———	→	8.1 How	many cigarettes do y	you us	sually smoke each day?
				O 1	Less than 1	05	25 - 34
				O ²	1 - 4	06	35 - 44
				O ³	5 - 14	07	45 or more
				O ⁴	15 - 24		

9. In the past 3 months, how often have you had drinks containing alcohol?

O ∘ Never	\bigcirc_2 1 or 2 times per week	\bigcirc ⁴ 5 or 6 times per week
O ¹ Less than once per week	O ³ 3 or 4 times per week	O ⁵ Every day

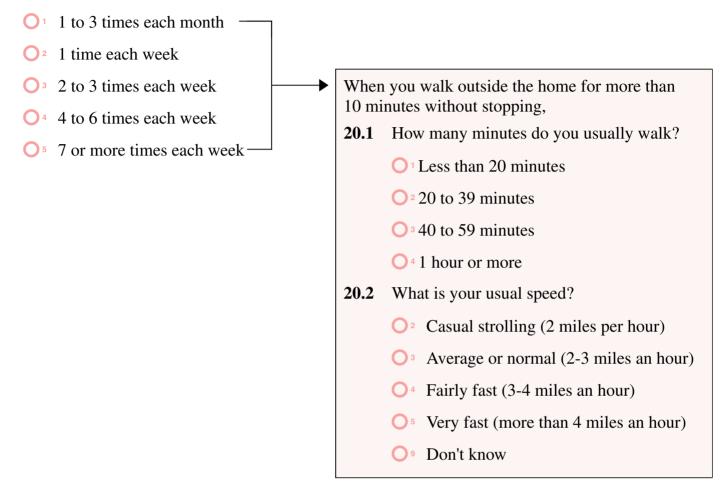
The following are questions about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one circle on each line.)

		No, not limited at all	Yes, limited a little	Yes, limited a lot
10.	Vigorous activities, such as running, lifting heavy objects, or strenuous sports	O ³	O ²	O 1
11.	Moderate activities, such as moving a table, vacuuming, bowling, or golfing	O 3	02	O 1
12.	Lifting or carrying groceries	O 3	O ²	O 1
13.	Climbing several flights of stairs	O 3	0 2	O 1
14.	Climbing one flight of stairs	O 3	O ²	O 1
15.	Bending, kneeling, stooping	O 3	O ²	O 1
16.	Walking more than a mile	O 3	O ²	O 1
17.	Walking several blocks	O 3	O 2	O 1
18.	Walking one block	O 3	O ²	O 1
19.	Bathing or dressing yourself	O 3	O ²	O 1

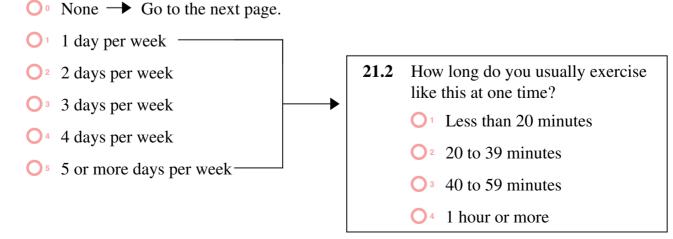
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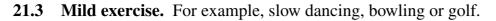
The next questions are about your usual physical activity and exercise.

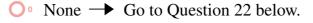
- 20. Think about the walking you do outside the home. How often do you walk outside the home <u>for</u> <u>more than 10 minutes without stopping</u>? (Mark only one.)
 - \bigcirc Rarely or never \rightarrow Go to Question 21 below.

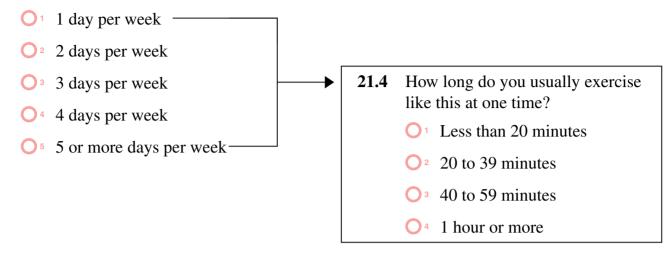


- **21.** Not counting walking outside the home, how often <u>each week</u> (7 days) do you usually do the exercises listed below?
 - **21.1 Moderate or strenuous exercise.** For example, biking outdoors, using an exercise machine (like a stationary bike or treadmill), aerobics, swimming, folk or popular dancing, jogging, tennis.









These next questions ask about how much help (if any) you need to do routine activities <u>for</u> <u>yourself</u>. Help can be defined as getting assistance from another person or using a device. (Mark one circle for each line.)

	I can do this ad	ctivity:	By myself without help	With some help	unabl	mpletely e to do this myself
22.	Can you feed yourself?		O ¹	O ²		O ³
23.	Can you dress and undress yourself?		O 1	02		O ³
24.	Can you get in and out of bed yourself?		O 1	O ²		O ³
25.	Can you take a bath or shower?		O 1	O ²		O ³
26.	Can you do your own grocery shopping?		O 1	O ²		O ³
27.	Can you keep track of and take your med	licines?	O 1	02		O ³
28.	What aid, if any, do you usually use to walk on a level surface? (Mark one.)	I do not use any aid	I use a cane	I use crutches	I use a walker	I use a wheelchair O 5
	PLEASE MAKE NO MARKS I	N THIS AREA				

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SERIAL #

Ver. 1

			Fo	rm 155 - Lifesty	le Questionnaire			
The I	next questions ar	e ab	out your	living conditio	ns.			
29.]	Do you live alone?	2						
($\bigcirc \circ$ Yes $\bigcirc \circ$ N	0						
	2	9.1	Who live	es with you? (M	ark all that appl	l y.)		
			O1 I liv	e with my husb	and or partner			
			O ² I liv	e with my child	lren			
			O₃ I liv	e with other rel	atives			
			O ⁴ I liv	e with friends				
			O [®] Oth	er (please descr	ibe):			
(Now	In the past year, h O NO O Ye some questions a wing activities? (es I bou	it your so	cial activities.	How often, if at	all, do you	do any of	the
	·····g					Corroral		
					At least once a week	Several times a month	Once a month	Rarely o never
32.	Eat out of the hou	ise			once a	times a		v
	Eat out of the hou Go shopping	ise			once a week	times a month	month	v
33.		even		a movie,	once a week	times a month	month	Rarely on never
33. 34.	Go shopping Go to a cultural e	even ectu	re		once a week	times a month	month 2 2	v
33.34.35.	Go shopping Go to a cultural e concert, play, or l Meet with family	even ectu or f	re Triends wh	no do not live	once a week 4 4 4 4 4	times a month	month 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	never 1 1 1 1 1

People sometimes look to others for help, friendship, or other types of support. Next are some questions about the support that you have. How often is each of the following kinds of support available to you if you need it? (Mark one circle on each line.)

		None of the time	A little of the time	Some of the time	Most of the time	All of the time
38.	Someone you can count on to listen to you when you need to talk	01	O ²	O ³	O 4	05
39.	Someone to give you good advice about a problem	01	O ²	O ³	O 4	05
40.	Someone to take you to the doctor if you need it	01	O ²	O ³	O 4	05
41.	Someone to have a good time with	O ¹	02	O ³	O 4	05
42.	Someone to help you understand a problem when you need it	O 1	O ²	O ³	O 4	05
43.	Someone to help with daily chores if you are sick	01	O ²	O ³	O 4	05
44.	Someone to share your most private worries and fears	01	O ²	03	O ⁴	05
45.	Someone to do something fun with	O ¹	02	O 3	O 4	05
46.	Someone to love you and make you feel wanted	O 1	O ²	O ³	O 4	05

With growing older, we may rely on <u>others</u> more to help us with everyday care (meals or bathing or transportation, etc.).

- **47.** How often **in the past 4 weeks** have you felt that people you rely on for everyday care have neglected your needs?
 - O Does not apply. I don't need help with my everyday care
 - O¹ Almost no problems with obtaining everyday care
 - O² Occasional problems with obtaining everyday care
 - O³ Frequent problems with obtaining everyday care

PLEASE MAKE NO MARKS IN THIS AREA

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Below are some hard things that sometimes happen to people. Please try to think back <u>over the past</u> <u>year</u> to remember if any of these things happened. Mark the answer that seems best.

			· · · · · · · · · · · · · · · · · · ·	and it upset m	
ver	the past year:	No	Not too much	Moderately (Medium)	Very much
48.	Did your spouse or partner have a serious illness?	O º	O 1	O ²	O ³
49.	Did a close friend or family member die or have a serious illness (other than your spouse or partner)?	0°	O 1	O ²	O 3
50.	Did you have any major problems with money?	0	O 1	O ²	O 3
51.	Did you have a divorce or break-up with a spouse or partner?	0°	O 1	O ²	O ³
52.	Did a family member or close friend have a divorce or break-up?	0°	O 1	O ²	03
53.	Did you have a major conflict with children or grandchildren?	0°	O ¹	O ²	03
54.	Did you have any major accidents, disasters, mugging, unwanted sexual experiences, robberies, or similar events?	0°	O 1	O ²	O ³
55.	Did you or a family member or close friend lose their job or retire?	0°	O 1	O ²	03
56.	Were you physically abused by being hit, slapped, pushed, shoved, punched or threatened with a weapon by a family member or close friend?	0°	O 1	O ²	O ³
57.	Were you verbally abused by being made fun of, severely criticized, told you were a stupid or worthless person, or threatened with harm to yourself, your possessions, or your pets, by a family member or close friend?	00	O 1	O ²	03
58.	Did a pet die?	0	O 1	O ²	03
59.	Did your spouse or partner die?	0°	O 1	02	O 3
	If you answered yes to Question 59, please mark the answer that best describes how you feel right now about the person who died. Ne	ver	Some Rarely times		Always
	59.1 I feel myself longing or yearning for my spouse or partner who died—I miss them so much it's hard to care about anything else.	0	O 1 O 2	03	04
	59.2 I think about this person so much that it's hard for me to do the things I normally do.	0	O ¹ O ²	O 3	O 4

Below is a list of symptoms women sometimes have as they become older or after menopause. For each item, mark the one circle that best describes how bothersome the symptom was <u>over the past year</u>. Be sure to mark one circle on each line.

If you did not have the problem, please mark the circle under "symptom did not occur." If you had the symptom, use the following key to indicate how bothersome it was:

Mild = symptom did not interfere with usual activities
 Moderate = symptom interfered somewhat with usual activities
 Severe = symptom was so bothersome that usual activities could not be performed

	Symptom did not	Symp	Symptom occurred and was		
	occur	Mild	Moderate	Severe	
60. Night sweats	0°	O 1	O ²	O 3	
61. General aches or pains	0 •	O 1	O ²	O 3	
62. Breast tenderness	0°	O ¹	02	O 3	
63. Hot flashes	0 •	O ¹	02	O ³	
64. Mood swings	0 •	O ¹	O ²	O 3	
65. Irritability	0 •	O ¹	O ²	O 3	
66. Feeling tired	0 °	O ¹	O ²	O 3	
67. Forgetfulness	0°	O ¹	O ²	O 3	
68. Skin dryness or scaling	0°	O ¹	O ²	O 3	
69. Headaches or migraines	0 0	01	02	O ³	
70. Difficulty concentrating	0 •	O 1	O ²	O 3	
71. Joint pain or stiffness	0 •	O 1	O ²	O 3	
72. Uncontrolled leaking of urine	0°	O 1	O ²	O 3	
73. Uncontrolled leaking of feces	0 •	O 1	02	O 3	
74. Vaginal or genital irritation or itching	0 0	O 1	O ²	O 3	
75. Vaginal or genital dryness	0	O 1	O ²	O ³	
76. Other (<i>Specify</i>):	0 °	O 1	02	O 3	

Ver. 1

During the past 4 weeks, how intensively did you suffer from the following?

		Symp	tom occurred an	nd was:
	Not at all	Mild	Moderate	Severe
77. Cold hands or feet	0 0	O 1	O ²	O ³
78. Feeling too warm	0 0	O 1	O ²	O ³
79. Perspiring (without exercise)	0 0	O 1	O ²	O ³
80. "Gooseflesh" or shivering	0 0	O 1	O ²	O 3
81. Generally uncomfortable with the temperature	0 0	O 1	O ²	O 3

<u>In th</u>	ne past 4 weeks, how often have you felt:	Never	Almost never	Sometimes	Fairly often	Very often
82.	That you were unable to control the important things in your life?	0°	O 1	O ²	O ³	O 4
83.	Confident about your ability to handle your personal problems?	0°	01	O ²	O ³	O 4
84.	That things were going your way?	0°	O 1	02	O 3	O 4
85.	That difficulties were piling up so high that you could not overcome them?	0	O 1	O ²	O ³	04

In general	Strongly disagree	Disagree somewhat	Disagree slightly	Agree slightly	Agree somewhat	Agree strongly
86. I tend to bour quickly after times.		02	03	O 4	05	0 6
87. It does not tal long to recover a stressful even	er from	02	O 3	O 4	05	06
88. I have a hard making it throstressful even	ough	O ²	03	O 4	05	6

PLEASE MAKE NO MARKS IN THIS AREA

The next questions are about your sleep habits and experiences. Pick the answer that best describes how often you experienced the situation <u>in the past 4 weeks</u>.

	No, not in past 4 weeks	Yes, less than once a week	Yes, 1 or 2 times a week	Yes, 3 or 4 times a week	Yes, 5 or more times a week
89. Did you take any kind of medication or alcohol at bedtime to help you sleep?	01	O ²	03	O ⁴	05
90. Did you fall asleep during quiet activities like reading, watching TV, or riding in a car?	01	O ²	03	O 4	05
91. Did you nap during the day?	O ¹	O ²	O ³	O 4	05
92. Did you have trouble falling asleep?	O 1	O ²	O ³	O 4	05
93. Did you wake up several times at night?	01	O ²	03	O ⁴	05
94. Did you wake up earlier than you planned to?	01	O ²	O 3	O 4	05
95. Did you have trouble getting back to sleep after you woke up too early?	01	O ²	O 3	O 4	05

96. Overall, was your typical night's sleep <u>during the past 4 weeks</u>:

Very sound or restful	Sound or restful	Average quality	Restless	Very restless
0 5	04	O 3	O ²	O 1

97. About how many hours of sleep did you get on a typical night <u>during the past 4 weeks</u>?

5 or less	6	7	8	9	10 or more
hours	hours	hours	hours	hours	hours
O 1	O ²	O 3	O 4	05	6

Center Perf

The next questions ask about how you feel and how things have been <u>during the past 4 weeks</u>. Give one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks...

		All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
98.	Did you feel full of pep?	O 1	O ²	O 3	O ⁴	05	06
99.	Have you been a very nervous person?	O ¹	O ²	O 3	O ⁴	05	06
100.	Have you felt so down in the dumps that nothing could cheer you up?	O ¹	02	O 3	04	05	6
101.	Have you felt calm and peaceful?	O 1	O ²	O 3	O ⁴	05	06
102.	Did you have a lot of energy?	O 1	O ²	O ³	O ⁴	05	06
103.	Have you felt downhearted and blue?	O 1	02	O 3	04	05	06
104.	Did you feel worn out?	O 1	O ²	O ³	O ⁴	05	06
105.	Have you been happy?	O 1	O ²	O 3	O ⁴	05	06
106.	Did you feel tired?	O 1	O ²	O 3	O ⁴	05	06

		of the time	of the time	of the time	of the time	of the time	of tl tim
98.	Did you feel full of pep?	O 1	02	O 3	O ⁴	05	0
99.	Have you been a very nervous person?	O ¹	02	O 3	O ⁴	05	С
100.	Have you felt so down in the dumps that nothing could cheer you up?	01	02	O 3	O ⁴	05	С
101.	Have you felt calm and peaceful?	O ¹	O ²	O ³	O ⁴	05	C
102.	Did you have a lot of energy?	O ¹	O ²	O 3	O ⁴	05	C
103.	Have you felt downhearted and blue?	01	02	O 3	O 4	05	C
104.	Did you feel worn out?	O ¹	O ²	03	O ⁴	05	C
105.	Have you been happy?	O ¹	O ²	O 3	O ⁴	05	C
	Did you feel tired?	01	O ²	O 3	O 4	05	C
	ng the past 4 weeks, how often have you be	en bother	red by an Not at all	S	everal	Mo	ore th alf th
Durin	ng the past 4 weeks, how often have you be Feeling nervous, anxious, on edge, or	en bother	Not	S		Mo	? ore th alf th days
Durin 107.	Example 1 by by by by by by by by	en bother	Not at all	S	everal	Mo	ore th alf th days
<u>Durin</u> 107. 108.	Example 2 Base 4 Weeks , how often have you be Feeling nervous, anxious, on edge, or worrying a lot about different things Feeling restless so that it is hard to sit still	en bother	Not at all O ^o	S	everal	Mo	ore thalf thalf that days
Durin 107. 108. 109.	The past 4 weeks , how often have you be Feeling nervous, anxious, on edge, or worrying a lot about different things Feeling restless so that it is hard to sit still Getting tired very easily	en bother	Not at all O ^o	S	everal	Mo	ore thalf the days
Durin 107. 108. 109. 110.	The past 4 weeks , how often have you be Feeling nervous, anxious, on edge, or worrying a lot about different things Feeling restless so that it is hard to sit still Getting tired very easily Muscle tension aches or soreness	en bother	Not at all O ⁰	S	everal	Mo	ore thalf the days
Durin 107. 108. 109. 110. 111.	ng the past 4 weeks, how often have you be Feeling nervous, anxious, on edge, or worrying a lot about different things Feeling restless so that it is hard to sit still Getting tired very easily Muscle tension aches or soreness Trouble falling asleep or staying asleep		Not at all O ⁰	S	everal	Mo	ore thalf the days
Durin 107. 108. 109. 110.	The past 4 weeks , how often have you be Feeling nervous, anxious, on edge, or worrying a lot about different things Feeling restless so that it is hard to sit still Getting tired very easily Muscle tension aches or soreness		Not at all O ⁰	S	everal	Mo	ore thalf th days 0 ² 0 ² 0 ² 0 ²
Durin 107. 108. 109. 110. 111. 112.	The past 4 weeks , how often have you be Feeling nervous, anxious, on edge, or worrying a lot about different things Feeling restless so that it is hard to sit still Getting tired very easily Muscle tension aches or soreness Trouble falling asleep or staying asleep Trouble concentrating on things, such as rest		Not at all O ⁰	S	everal	Mo	ore thalf the days
Durin 107. 108. 109. 110. 111. 112. 113.	Feeling nervous, anxious, on edge, or worrying a lot about different things Feeling restless so that it is hard to sit still Getting tired very easily Muscle tension aches or soreness Trouble falling asleep or staying asleep Trouble concentrating on things, such as rea a book or watching TV	eading	Not at all O ⁰ O ⁰ O ⁰ O ⁰ O ⁰	S	everal days	Mo	ore thalf the days

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Form 155 - Lifestyle Questionnaire					Ver. 1
	None	Very mild	Mild	Moderate (Medium)	Severe
115. During the past 4 weeks, how much bodily pain have you had?	0°	02	03	O 4	05
	Not at all	A little bit	Moderate (Medium)	Quite a bit	Extremely (A lot)
116. During the past 4 weeks, how much did pain interfere with your normal work (both outside your home and at home)?	01	02	03	•	05

Questions 117-122 ask about your feelings during the <u>past week</u>. For each of the statements, please indicate the choice that tells how often you felt this way.

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	Most or all of the time (5-7 days)
117. You felt depressed (blue or down)	0 °	O 1	O ²	O ³
118. Your sleep was restless	0 •	O 1	0 2	O 3
119. You enjoyed life	O °	O 1	02	O ³
120. You had crying spells	0	O 1	O ²	O ³
121. You felt sad	0	O 1	O ²	O 3
122. You felt that people disliked you	0 •	O 1	O ²	O 3

- **123.** <u>In the past year</u>, have you had <u>2 weeks</u> or more during which you felt sad, blue or depressed, or lost pleasure in things that you usually cared about or enjoyed?
 - O No O₁ Yes
- **124.** Have you had <u>**2 years**</u> or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?

$\bigcirc \circ$ No $\bigcirc \circ$ Yes \longrightarrow	124.1 If yes, have you felt depressed or sad much of the time in the past year?O NO O 1 Yes
	the time in the past year?

The following are about emotions you may have been feeling. Please mark one circle for each line.

How true have the following been for you **in this past week**?

		Not at all	A little bit	Somewhat	Quite a bit	Very much
25.	I am not interested in activities that will expand my horizons.	0	01	02	O ³	O 4
126.	I think it is important to have new experiences that challenge how you think about yourself and the world.	0	01	02	O ³	O 4
127.	When I think about it, I haven't really improved much as a person over the years.	0°	01	O ²	O 3	O ⁴
128.	I have the sense that I have developed a lot as a person over time.	0 °	01	O ²	O 3	04
129.	For me, life has been a continuous process of learning, changing, and growth.	0	O ¹	02	O ³	O 4
130.	I gave up trying to make big improvements or changes in my life a long time ago.	0 °	O 1	O ²	03	O 4
131.	I do not enjoy being in new situations that require me to change my old familiar ways of doing things.	0°	01	02	03	O 4
132.	I live life one day at a time and don't really think about the future.	0°	O 1	02	03	O 4
133.	I have a sense of direction and purpose in life.	0°	01	O ²	03	O ⁴
134.	I don't have a good sense of what it is I'm trying to accomplish in life.	0 °	01	O ²	O 3	O 4
135.	My daily activities often seem trivial and unimportant to me.	0°	01	O ²	03	O ⁴
136.	I enjoy making plans for the future and working to make them a reality.	0°	01	O ²	03	O ⁴
137.	I am an active person in carrying out the plans I set for myself.	0 °	01	O ²	03	04

SERIAL #

How true have the following been for you **<u>in the past week</u>**?

	Not at all	A little bit	Somewhat	Quite a bit	Very much
138. Some people wander aimlessly through life, but I am not one of them.	00	O 1	O ²	O 3	04
139. I sometimes feel as if I've done all there is to do in life.	0 0	O 1	O ²	O 3	O 4
140. I felt peaceful.	0°	O 1	02	Оз	O 4
141. I had a reason for living.	0°	O 1	02	O 3	04
142. My life has been productive.	0	O 1	02	O 3	O 4
143. I had trouble feeling peace of mind.	0	O 1	02	O 3	O 4
144. I felt a sense of purpose in my life.	0	O 1	02	O 3	O 4
145. I was able to reach down deep into myself for comfort.	0	01	O ²	O 3	04
146. I felt a sense of harmony within myself.	0°	O 1	02	O 3	O 4
147. My life lacked meaning and purpose.	0	O 1	02	O 3	04
148. I found comfort in my faith or spiritual beliefs.	0	O 1	O ²	03	O 4
149. I found strength in my faith or spiritual beliefs.	0	O 1	O ²	O 3	O 4
150. I am always hopeful about my future.	0	O 1	O ²	O ³	O ⁴

Center Perf

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The last questions are about emotions you may have been feeling. Please mark one circle on each line.

Mark the answer that best corresponds to how much you agree with each statement.

		Strongly disagree	Disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Agree	Strongly agree
151.	In most ways my life is close to my ideal.	O 1	02	O 3	O 4	05	6	07
152.	The conditions of my life are excellent.	O 1	02	O ³	O 4	05	O 6	07
153.	I am satisfied with my life.	O 1	O ²	O 3	O 4	05	6	07
154.	So far I have gotten the important thing I want in life.	O 1 S	O ²	O 3	4	05	06	07
155.	If I could live my life over, I would change almost nothing.	01	02	O 3	O 4	05	6	07

Please take a few minutes to review this form for any questions you may have missed.

Thank you for taking the time to complete this questionnaire

PLEASE MAKE NO MARKS IN THIS AREA

